

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: UNIVERSITY OF NEW HAMPSHIRE

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 307 THOMPSON HALL, 105 MAIN STREET,
DURHAM, NH, 03824-3547

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** ROBERT E. CAPE

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

307 THOMPSON HALL, 105 MAIN STREET,
DURHAM, NH, 03824-3547

Telephone Number of Designated Agent: 603-862-3530

Facsimile Number of Designated Agent: 603-862-0673

Email Address of Designated Agent: dmca@unh.edu

Signature [Signature] **esentative of the Designating Service Provider:**
Date: 10/26/00

Typed or Printed Name and Title: ROBERT E. CAPE
ASSISTANT VICE PRESIDENT, COMPUTING & INFORMATION
SERVICES

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

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